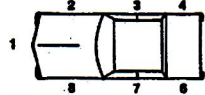
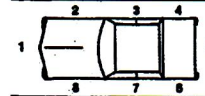


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-6624		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE						LOCAL FILE NO		
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 02		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH: 04 / 25 / 15		DAY SAT		TIME: MILITARY 1217					
CRASH OCCURRED ON Bryans Family Pharmacy, 726 E. Main St, Lebanon, OH., 45036						WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION ____ MILES ____ FEET W N E OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE									
LOG-1		LOG-2		LOC JUR FH9 FILT											
A	UNIT NO.	NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Grange - FA2368966							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Eberly, Debbie, C						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 541 Hale Rd, Wilmington, OH., 45036									
PHONE NO. 937-623-9868		BIRTH DATE m y		AGE 54	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RQ585593		OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME) Eberly, Michael, E						ADDRESS 541 Hale Rd, Wilmington, OH., 45036				PHONE 937-623-9868					
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR				
	Toyo	Celica		Blue	2D	OH	DVF3776		N/A		FROM TO				
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO.	NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Western Reserve- WPV34							
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Lane, Karen, S						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2209 Tumbleweed LN, Lebanon, OH., 45036									
PHONE NO. 513-218-4460		BIRTH DATE m D y		AGE 55	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RJ223754		OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME) Lane, William, P						ADDRESS 2209 Tumbleweed LN, Lebanon, OH., 45036				PHONE 513-218-4460					
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR				
	Ford	Freestyle		Beige	SW	OH	DDE9322		N/A		FROM TO				
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE m D y		AGE	POSITION A B C D E F			INJURIES A B C D E F				
		ADDRESS			PHONE		SEX								
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE m D y		AGE				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED				
		ADDRESS			PHONE		SEX				CONDITION A B C D E F				
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE m D y		AGE				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN				
		ADDRESS			PHONE		SEX								
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTH DATE m D y		AGE								
		ADDRESS			PHONE		SEX								
A	B	C	INJURED TAKEN TO			By			RESTRAINTS A B C D E F			ALCOHOL A <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TESTED B <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TESTED			
D	E	F	INJURED TAKEN TO			By			1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
A			OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.						EJECTION A B C D E F			DRUGS A TESTED YES <input type="checkbox"/> NO <input type="checkbox"/> B TESTED YES <input type="checkbox"/> NO <input type="checkbox"/>			
O			OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.						1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			
RECEIVED CALL		DISPATCHED 1217		ARRIVED 1228		CLEARED 1247		OTHER TIME 0		TOTAL MINUTES 00OffOff					
DATE REPORT FILED M D Y		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Ptl. Crockett Brummett		BADGE NO. 111		CHECKED BY							